

<i>SERFF Tracking Number:</i>	<i>CRUM-125639263</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Crum & Forster Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>LEAD08</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>LEAD</i>		
<i>Project Name/Number:</i>	<i>08Lead/LEAD08</i>		

Filing at a Glance

Companies: Crum & Forster Indemnity Company, The North River Insurance Company, United States Fire Insurance Company

Product Name: LEAD	SERFF Tr Num: CRUM-125639263	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co	Tr Num: LEAD08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Roger Bennett, Debbie Deluccia, Howard DeBare, George French	Disposition Date: 05/23/2008
	Date Submitted: 05/08/2008	Disposition Status: Approved
Effective Date Requested (New): 06/10/2008		Effective Date (New):
Effective Date Requested (Renewal): 06/10/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: 08Lead	Status of Filing in Domicile: Pending
Project Number: LEAD08	Domicile Status Comments: This country wide filing is pending in the domicile states of DE and NJ.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 05/23/2008	
State Status Changed: 05/23/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
This is a reformatted form, with no change of the coverage text, last approved effective July 10, 2002.	

We made such changes as removing the box that was around the text, and adding a header, as well as

SERFF Tracking Number:	CRUM-125639263	State:	Arkansas
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Company Tracking Number:	LEAD08		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	LEAD		
Project Name/Number:	08Lead/LEAD08		

lead-in language.

Company and Contact

Filing Contact Information

Roger W. Bennett, Regulatory Compliance Specialist	roger_bennett@cfins.com
305 MADISON AVENUE	(973) 490-6809 [Phone]
MORRISTOWN, NJ 07962	(973) 490-6062[FAX]

Filing Company Information

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-2868548	

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Set fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Crum & Forster Indemnity Company	\$0.00	05/08/2008	
The North River Insurance Company	\$0.00	05/08/2008	
United States Fire Insurance Company	\$50.00	05/08/2008	20177093

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<i>Product Name:</i>	<i>LEAD</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/23/2008	05/23/2008

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Disposition

Disposition Date: 05/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Lead Exclusion	Approved	Yes

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Company Tracking Number:	LEAD08		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	LEAD		
Project Name/Number:	08Lead/LEAD08		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Lead Exclusion	FM 600.0.955	03 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 FM 600.0.955 (09/99) Previous Filing #: LEAD		9550308.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

LEAD EXCLUSION

This Endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph **2. Exclusions** of **Section I – Coverages**:

Lead Liability

This insurance does not apply to:

- (1) "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" in any way or to any extent arising out of the actual, alleged or threatened exposure to lead or any substance containing lead.
- (2) "Economic Loss", "Diminution of Property", "Abatement Costs" or any other loss, cost or expense, including "Equitable Relief", in any way or to any extent arising out of or involving lead or any substance containing lead.
- (3) Any fees, costs or expenses of any nature whatsoever in the investigation or defense of any "Claim" or "Suit" arising out of or involving lead or any substance containing lead.

For the purpose of this exclusion, the following additional terms are defined:

"Abatement Costs" means any actual or potential damages, costs, fees or expenses, including the costs of inspection, removal, replacement, or treatment.

"Diminution of Property" means the diminishing or lessening in value of property.

"Economic Loss" means any actual or potential damages, costs, fees, expenses or lost profits arising out of or involving the manufacture, utilization or existence of a substance or product.

"Equitable Relief" means any remedy or relief, including restitution or injunctive relief, sought in a court with equitable powers.

All other terms and conditions of the policy remain unchanged.

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	05/23/2008
Comments:	Attached.			
Attachment:	AR Trans Lead08.pdf			

Property & Casualty Transmittal Document

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

Name **Fairfax Financial**

Group NAIC # 0158

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Fire Insurance Co.	DE	21113		
	The North River Insurance Co.	NJ	21105		
	Crum & Forster Indemnity Co.	DE	31348		

5. Company Tracking Number

LEAD08

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Roger W. Bennett Crum & Forster Insurance	Reg. Compliance	973-490-6809	973-490-6062	Roger- bennett@cfins.com
	305 Madison Ave. Morristown, NJ 07962				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger W. Bennett		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Property & Casualty			
10.	Sub-Type of Insurance (Sub-TOI)	Commercial General Liability			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12.	Company Program Title (Marketing title)	Commercial General Liability			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:	06/10/08	Renewal:	06/10/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	05/08/08			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This Filing Transmittal is part of Company Tracking#	LEAD08
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

This is a revision of a previously approved company form. There are no text revisions to the form. It has been reformatted, with such changes as the removal of the previous box around the text; to make it more user friendly.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A EFT Amount: \$50.</p> <p>Retaliatory Fee.</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	LEAD08
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Lead Exclusion	FM 600.0.955 03 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FM 600.0.955 09/99	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	N/A
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase Rate Decrease X Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	N/A						

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A	[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	